Fall 2005
Volume 2, Issue 3

Get Smart News

Centers for Disease Control and Prevention

Welcome!

This issue of our newsletter features fall news about all three of CDC's antimicrobial resistance campaigns, including program activity updates and meeting announcements.

Dr. Rich Besser has left his position as Medical Director of the Get Smart: Know When Antibiotics Work campaign. He is now the Director of the Coordinating Office for Terrorism Preparedness and Emergency Response, which is heavily involved in CDC's response to Hurricane Katrina. Dr. Besser has been the campaign's Medical Director since 1998 and has been instrumental in the direction and development of the campaign. He will be sorely missed, but we wish him luck in his new position. Meshay Francis, Public Health Prevention Specialist, has finished her assignment with Get Smart and will now spend two years working with the Baltimore health department in Maryland. We have also welcomed a new member to our staff, Terri Wilson, Program Specialist.

We appreciate your continued interest and support, and hope you will share your news with us.

Patricia Cook

Program Director

Noteworthy

2006 CONFERENCE: SAVE THE DATE!
The Get Smart: Know When Antibiotics Work campaign will host its 7th annual national conference May 2-4, 2006, in Atlanta, Georgia. This year, the conference will be held at the new CDC conference facility with adjacent hotel lodging available. The program will feature appropriate antibiotic use education and skill-building sessions. Stay tuned for more information.

HELP DESIGN OUR CONFERENCE
We are looking for suggestions of topics and speakers for our 2006 conference and we need your help. Please contact Darcia Johnson, djohnson13@cdc.gov, to contribute.

PARTNERSHIP SATISFACTION EVALUATION
An Emory University public health student will conduct an evaluation of the Get Smart campaign's partnership efforts to assess partner satisfaction. This project will take place over several months, and we encourage Get Smart partners to participate in the evaluation when they are approached by the student. After the evaluation is completed, we will share the results.

NEWS FLASH

Watch for Get Smart ads with your antibiotic prescriptions nationwide through January.

Get Smart Campaign Projects

PROMOTING APPROPRIATE ANTIBIOTIC USE THROUGH THE WORKFORCE

CDC has developed numerous materials for both consumers and providers, but we have never specifically targeted these materials or approaches towards employees or employers. We see a new partnership with the Western North Carolina (WNC) Health Coalition as an excellent opportunity to reach working adults and their families through the work setting and to use a variety of strategies to promote appropriate use. Specific activities could include distribution of consumer education materials to employees, education and distribution of materials to providers in their network, prescribing feedback to network providers, evaluation of HEDIS or other measures as part of contracting decisions, and more.

The WNC Health Coalition is an alliance of local self-insured employers that joined together in 1993 to "promote, establish, and administer activities and programs that will improve the efficiency, availability, accessibility and affordability of health care…." Get Smart will collaborate with the WNC Health Coalition and North Carolina Taking Antibiotic Resistance Seriously (NC Tars), the funded site in North Carolina, to develop and implement a workplace appropriate antibiotic use intervention targeting working adults and their families. The WNC Health Coalition will facilitate contact with participating employers and help to identify data sources for evaluation of the project.

NC Tars will play an active role in the workplace intervention project. Chris Ohl, medical director, will participate in the design of the program and its evaluation, conduct educational training sessions for healthcare providers, and play a lead role in the analysis of data for project evaluation. Michelle Wallis, program manager, will develop and distribute educational materials for employees and may conduct educational sessions for employees and their families.

On September 17, 2005 the WNC Health Coalition hosted the Working Well Health Fair. Admission was free to member employees and their family members. The health fair offered information on a variety of health issues with an area devoted to appropriate antibiotic use. CDC and NC Tars materials were distributed at the health fair and were well-received. With close to 500 people attending the health fair, the appropriate antibiotic use message was shared with many. Michelle Wallis, of NC Tars, spoke with numerous employers and employees about the NC program and received positive feedback. Parents and children alike were interested in the materials being handed out and pleased to hear that this program is in place. This event was just the first of many in reaching out to employees in Western North Carolina.

Michelle Wallis discussing NC Tars and appropriate antibiotic use with health fair parrticipants.

"OPERATION RX": GUIDE FOR STATE PHARMACY INITIATIVES NOW AVAILABLE

The Get Smart program has been fortunate to receive the help of industry-specific experts to further the reach of this campaign by broadening provider resources and consumer outreach. Such is the case of fourth-year pharmacy student Julie Hershey, who spent five weeks with the Get Smart campaign devising a strategy for state coalitions advocating appropriate antibiotic use to effectively launch and succeed at incorporating local pharmacies into their state program activities.

During her five-week assignment in summer 2005, Ms. Hershey worked closely with two different coalitions, Georgia's GUARD program (www.guard-ga.org) and Wyoming's Antibiotic Education program (www.wdh.state.wy.us/antibiotics/index.html), as models to determine how different states with varying demographics, in different pharmacy initiative stages (anywhere from concept to evaluation), can use specific approaches to effectively reach pharmacies as a part of their program.

The 14-page guide is written from a pharmacists' point of view and includes information on how state coordinators can research pharmacy information for their state, how many pharmacies are operational in each state (2005 figures), and corporate contact information for some large chain and local pharmacies. There is also a sample of a marketing fax sheet, promoting the targeted dissemination of educational materials. For more information or for your own copy of "A Guide for Connecting with Pharmacies", please contact your CDC Project Officer.

Surveillance News

In the Winter 2005 newsletter, we discussed the importance and use of local surveillance data for expanding, focusing, and evaluating campaigns. It is known that antimicrobial resistance (AR) varies across different parts of the U.S. Therefore, it is recommended that local states perform some level of surveillance to understand local rates of resistance. While surveillance programs will vary between sites, comparing programs can lead to learning, teaching, and collaborating. This article is a brief summary of the current surveillance methods for drug resistant *Streptococcus pneumoniae* (DRSP), methicillin resistant *Staphylococcus aureus* (MRSA), and vancomycin intermediate and resistant *Staphylococcus aureus* (VISA/VRSA) from most U.S. states and two large cities.

To identify what AR surveillance activities are in use around the U.S., we contacted all state and many city or county health departments and asked the surveillance coordinators a set of questions, which covered methodology from case definition to dissemination. Overall impressions of certain aspects of surveillance activities will be presented now and more definitive and comprehensive information will be presented at a later date through other documents and conference calls. This information is limited by incomplete reports from some states and major cities in the U.S. Forty-five sites (a site is a state or major city) responded.

For DRSP, only 3 responding states do not perform DRSP surveillance of any sort. Over ¾ of all systems are passive population based systems for the National Notifiable Disease Surveillance System. Almost 30% of sites used active case finding. Thirty percent of sites also utilized antibiograms. A third of sites have more than one surveillance system with a complementary methodology. Most programs collected information from inpatient and outpatient facilities statewide. Less than half have a web based surveillance report.

Around 60% of sites perform surveillance for MRSA. In 60% of these systems MRSA is a reportable condition. Slightly fewer sites required mandatory reporting of some form of MRSA data (case based or aggregate). Participants described their surveillance system as: antibiogram based (20%), from sentinel sites (20%), or population based (30%). Reports came from laboratory sources more frequently than from providers. About a third of sites have a web based surveillance report.

Over 90% of participants did have a surveillance system to identify cases of VISA/VRSA and about ¾ of sites have a mandatory reporting requirement. Most of the reports come from laboratories. Over 60% of sites perform VISA/VRSA confirmatory testing.

This information can be used to inform sites of the AR surveillance methods of their neighbors, to identify gaps or to help design complementary systems. It may also encourage communication between sites. Once comprehensive results are ready to pass on, sites can search for others that are similar in funding, population, geographic area, etc. and collaborate. One important but unanswered question is: “How are sites using this information to combat AR problems?” Further study and continued communication will help us build the large scale network that fights to reduce AR locally and nationally.

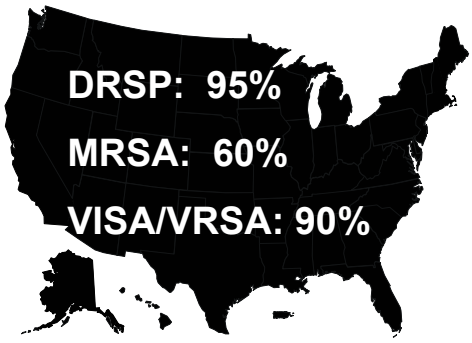

Figure: The percentage of sites surveyed that perform surveillance for DRSP, MRSA, and VISA/VRSA.

This information is limited due to incomplete reports from some U.S. sites

State and Local Program Updates and Resources

NEW INFORMATION ON EPI-X

Information is streaming into the Epi-X web forum hosted by CDC. Four boards are featured: antimicrobial resistance surveillance, appropriate antibiotic use in the community, prevention of antimicrobial resistance in healthcare settings and community-acquired MRSA, and appropriate antibiotic use in animals. In addition to discussion postings sharing questions and information, many state-developed educational materials have been posted to the boards. Take a few minutes to look through the postings and you may find something very helpful. To be added to the web forum, contact Brendan Noggle at ren7@cdc.gov.

News from Other CDC Programs

Dairy Summit

On November 16 and 17, 2005, the Washington Department of Agriculture, the Washington Department of Health, and the Washington Dairy Federation hosted a meeting of dairy stakeholders in SeaTac, Washington to discuss issues surrounding antimicrobial resistance and appropriate antimicrobial usage on American dairy farms. The goal was to invite national dairy stakeholders including national producer organizations, national veterinary organizations, federal agencies, and other interested parties to create a basis of collaboration and cooperation and generate educational messages directed towards the dairy industry. Our plans were to share the success of the Animal Health on Washington Dairy Farms Project, hold discussions on antibiotic resistance and antibiotic usage on dairies, and create a common message directed toward the dairy industry agreed upon by all participants. We hope to use this meeting as a platform to build more targeted education campaigns and evaluate the effectiveness of these campaigns.

About Get Smart on the Farm

Antibiotic resistant bacteria can move from animals to humans through the food supply. Bacteria like *Salmonella*, *Campylobacter* and *E. coli* are commonly found in food animals and sometimes contaminate meat during the slaughter and packaging process. If the meat is not prepared properly, the bacteria can infect humans. Bacteria from animals also infect humans via the environment – animals excrete bacteria in manure, which can contaminate ground and surface water systems around large farms or contaminate produce if the manure is used as fertilizer. An increasing percentage of the bacteria that move from agricultural animals to humans is now resistant to antibiotics.

According to some estimates, 70 percent of antibiotics and related drugs produced in the United States are used on livestock. Giving animals antibiotics in regular low doses has long been considered a means to prevent illness and promote growth. The scientific community has little doubt that these regular low doses of antibiotics are a major factor in the emergence of resistant bacteria. But the practice has endured for so many generations that farmers are reluctant to change for fear of endangering their animals' health and their farms' productivity. Many farmers are not even aware they're continuing the practice; not realizing that their "nutritionally supplemented" feed contains antibiotics.

The goals of Get Smart on the Farm are not about telling farmers what to do, but about getting the key players in farming and food production together to collectively answer questions like: What exactly is the problem? What can we do about it? And how do we get others on board?

Get Smart on the Farm will build partnerships that 1) educate the food industry about farm management techniques that control infection and promote healthy growth without using antibiotics, 2) provide veterinarians and farm workers with more information and guidelines on the appropriate uses of antibiotics and 3) increase consumer awareness of available food products derived from animals that were not given antibiotics inappropriately.

To accomplish these goals, Get Smart on the Farm is approaching a variety of potential partners: veterinarians, farmers, food producers and packagers, food retailers, consumer groups and regulatory agencies. Each can play a significant role in fighting antibiotic resistance.

For more information about Get Smart on the Farm, contact Stacy Holzbauer at sholzbauer@cdc.gov or 404-371-5334.

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(continued on page5)

(continued from page 4, OTHER CDC PROGRAMS)

Campaign to Prevent Antimicrobial Resistance in Healthcare Settings

For 2005, we were able to fund five Epidemiology and Laboratory Capacity sites to support education and promotion of appropriate antibiotic use in healthcare settings. Here are descriptions of some of their current and planned activities.

Massachusetts is contracting with a consulting firm to establish a community-associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA) awareness campaign that targets school athletic departments, school health services, correctional health services, and community health providers. The consulting firm and the Massachusetts Department of Public Health plan to develop specific materials that are tailored to each target audience, including web pages that contain information on antimicrobial resistance and CA-MRSA, as well as CA-MRSA print materials, such as brochures, flyers, posters, fact sheets, and post cards.

Minnesota is conducting educational interventions for healthcare personnel in long-term care facilities (LTCFs) using the framework of the 12-step program to Prevent Antimicrobial Resistance Among Long-Term Care Residents. Planned interventions for general staff include print materials, a curriculum and slide set, and a family education packet. Planned interventions for prescribers include a continuing medical education (CME) slide set and curriculum, an online CME program, and promotion of the urinary tract infection prevention guidelines from the American Medical Directors' Association. Additionally, Minnesota is conducting an assessment of antibiotic use and infections in LTCFs and plans to conduct a follow-up survey.

Michigan is conducting the Michigan Antibiotic Resistance Reduction (MARR) Coalition Long-Term Care Initiative to identify the primary risk factors for the development of resistant organisms in LTCFs (www.mi-marr.org). MARR also is developing an intervention strategy using the Campaign to Prevent Antimicrobial Resistance in Healthcare Settings as a framework, specifically focusing on the strategies of Prevent Infection, Diagnose and Treat Infection Effectively, Use Antimicrobials Wisely, and Prevent Transmission. The intervention will promote the implementation of the evidence-based 12-step program to Prevent Antimicrobial Resistance Among Long-Term Care Residents and create new tools and materials to promote adherence to the steps. The MARR Coalition intends to evaluate and publish recommendations and lessons learned from this project.

Nebraska is contracting with the Nebraska Infection Control Network (NICN) to assist in coordinating activities related to promoting the implementation of the 12-step program to Prevent Antimicrobial Resistance Among Hospitalized Adults and the 12-step program to Prevent Antimicrobial Resistance Among Long-Term Care Residents to improve adherence to clinical guidelines and prevent antimicrobial resistance. Nebraska plans to fund educational opportunities for infection control personnel across the state.

South Dakota is partnering with Infectious Disease Physicians, which represent the three overarching healthcare systems in the state, to develop and implement protocols to assist clinicians in preventing infection, adhering to appropriate antibiotic prescribing practices, and effective treatment. Infectious disease physicians will lead the implementation of clinician education activities focusing on the five 12-step programs to Prevent Antimicrobial Resistance Among Hospitalized Adults, Dialysis Patients, Surgical Patients, Hospitalized Children, and Long-Term Care Residents. Healthcare facilities also will be evaluated for bacterial sensitivity patterns, antibiotic use patterns, and infection control practices.

For more information on the specific strategies and steps that these ELC sites are targeting, please visit www.cdc.gov/drugresistance/healthcare. If you have any questions about the Campaign to Prevent Antimicrobial Resistance in Healthcare Settings, please contact Krissy Brinsley at 404-498-1255 or KBrinsley1@cdc.gov.

Partnership News

CDC Foundation Update

Daiichi Pharmaceutical Corporation recently provided a $30,000 grant to develop a continuing education tool that teaches pharmacists and pharmacy students about the problem of antibiotic resistance as well as giving pharmacists the tools and strategies to educate consumers on the appropriate use of antibiotics.

The CDC Foundation is an independent non-profit enterprise that forges effective partnerships between CDC and others to fight threats to health and safety. Additional information on this and other projects managed by the Foundation can be obtained at www.cdcfoundation.org. For information on how you can help, please contact Julie Rodgers, Associate Director of Corporate and Foundation Relations at 404-653-0790 or ayo2@cdc.gov.

A sincere thank you to all the donors who make the Get Smart campaign a reality.

More on Partnerships

We have recently formalized two new partnerships:

- American Academy of Physician Assistants (AAPA) is the national professional association for physician assistants (PAs) dedicated to the continuing education and strengthening of the profession
- Pharmacy Choice, Inc. is a for-profit company that offers continuing education and training courses for a variety of professionals in the pharmacy industry

For more information on partnering with Get Smart, please contact Patricia Cook, Program Director, at pcook@cdc.gov.

Educational Tools and Media

NATIVE AMERICAN BROCHURE DISSEMINATION

Get Smart has developed a brochure promoting appropriate antibiotic use that targets Native American audiences. The campaign's Multicultural Outreach Coordinator, Darcia Johnson, has created several new relationships with Native American community organizations and the U.S. Indian Health Service (IHS) to develop avenues for dissemination of these messages. Recently, Ms. Johnson met with Community Health Representatives (CHRs) in Oklahoma. CHRs are employees of their tribes and the CHR program is coordinated nationally by IHS.

CHRs are not made, but develop organically from their tribes. They are women, and sometimes men, who care about the health of their people and understand that barriers to healthcare and information contribute to disproportionately high rates of many illnesses among Native Americans. Usually mothers and grandmothers with no college education, CHRs receive ongoing training on various health topics at regional and national meetings. The most recent of which was the Oklahoma area CHR meeting, the largest of all IHS regions. At this meeting, Ms. Johnson facilitated a set of workshops specifically created to educate the CHRs and encourage them to carry the message back to their tribes. The newly developed brochure was presented to the CHRs during the workshops as well. The brochure will soon be available to our partners and any other interested parties.